

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Healthy Start Coalitions of the Treasure/Space Coast - Nurse-Family Partnership
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Larry Lee  
Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No  
***If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E***
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget  <i>(Will equal non-vetoed amounts provided in Column A)</i>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					505,000	505,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? No
  - 5a. If yes, which state agency?
  - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Health
  - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
  - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.  
A reduction of \$300.00 for every pregnant woman not reviewed and reported in the time and manner specified.

6. Requester:

- a. Name: Lisa von Seelen
- b. Organization: Healthy Start Coalition of St. Lucie County
- c. Email: Lvonseelen@kcbd.org
- d. Phone #: (772)467-2016

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Lisa von Seelen
- b. Organization: Healthy Start Coalition of St. Lucie County
- c. Email: Lvonseelen@kcbd.org
- d. Phone #: (772)467-2016

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Brian Jogerst
- b. Firm: BH Associates, Inc.
- c. Email: Brian@bhandassociates.com
- d. Phone #: (850)933-1985

9. Organization or Name of entity receiving funds:

- a. Name: Healthy Start Coalition of St. Lucie County
- b. County (County where funds are to be expended): St. Lucie
- c. Service Area (Counties being served by the service(s) provided with funding): Brevard, Indian River, Martin, St. Lucie

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

Healthy Start proposes to strategically place new Family Engagement Specialist positions across the Treasure/Space Coast to provide outreach, education, and service coordination for pregnant women addicted to drugs and families with a drug exposed newborn. Adding a Nurse Family Partnership Program to the Treasure Coast/Space Coast Region will meet the requirements to have evidenced based best practices available to women on the Treasure/Space Coast and will further strengthen Healthy Start.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Nurse Family Partnership RN Supervisor 2 Nurse Family Partnership RN's; 1 Part Time Data Entry Specialist; 2 Family Engagement Specialist	369,403
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Office Supplies; Client Support Materials; Outreach Materials; Copies of forms/facilitators; Postage; Computers w/ Software Computer Network Fees; Cellular Phones; Cellular Usage Fees; Medical & Program Supplies; Professional	135,597

	Development; Mileage (20 trips/family/yr); Training/Travel, Education Supplies	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>505,000</b>

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

N/A

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Match funds are available from the National Nurse Family Partnership Foundation for 1/3 of the funding. Request for support were made at the local Delegation Meeting on 10/19. Pledges matching funds for NFP have been secured from local Children's Services Council & United Way

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

The Nurse-Family Partnership has extensive research and demonstrated impact on high risk populations and approximately 40 large-scale research studies have repeatedly demonstrated that NFP: Reduces the rates of subsequent pregnancies and births and increases the intervals between first and second pregnancies; Improves birth outcomes as well as child health and development and Positively impacts self-sufficiency, decreasing the time clients are dependent on public assistance

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Triage and delivery of appropriate care in low resource settings; ? Respond to the altered basic life sustaining requirements for the pregnant woman and her fetus/infant (e.g., adequate rest/sleep, clean water, hygiene, nutrition, and safe facilities); ? Alleviate the psychological burden for women and children in and following disasters; ? Nutrition support for pregnant and postpartum women and infants; ? Supporting long-term mental health needs

17b. Describe the direct services to be provided to the citizens by the funding requested.

Care Coordination and a warm handoff of pregnant women in preterm labor testing positive for opioids. Direct in-home services include education, safe sleep environment assessment, mediucal checks for mother and baby; developmental milestone checks and connections to resources. All services described above in 17.a.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)

Other (Please describe): Pregnant moms with any risk factor for a poor birth outcome.

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Decrease Smoking in pregnancy by 25%; Reduce Pregnancy-induced hypertension by 33%; Reduce closely spaced births (15 months postpartum) by 25%; reduce Emergency department use for childhood injuries by 34%; Increase full immunization by 14%; reduce First pre-term births by 15%; Decrease Infant mortality by 48%; Increase # Moms who attempt breastfeeding;	Pre and post testing; monitoring of outcomes via Florida Charts; Vital Statistics and Well Family Systems.
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		

<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	Decrease Smoking in pregnancy by 25%; Reduce Pregnancy-induced hypertension by 33%; Reduce closely spaced births (15 months postpartum) by 25%; reduce Emergency department use for childhood injuries by 34%; Increase full immunization by 14%; reduce First pre-term births by 15%; Decrease Infant mortality by 48%; Increase # Moms who attempt breastfeeding;	Pre and post testing; monitoring of outcomes via Florida Charts; Vital Statistics and Well Family Systems.
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		

<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input checked="" type="checkbox"/> Other (Please describe): Improve birth outcomes for moms and babies	Decrease Smoking in pregnancy by 25%; Reduce Pregnancy-induced hypertension by 33%; Reduce closely spaced births (15 months postpartum) by 25%; reduce Emergency department use for childhood injuries by 34%; Increase full immunization by 14%; reduce First pre-term births by 15%; Decrease Infant mortality by 48%; Increase # Moms who attempt breastfeeding;	Pre and post testing; monitoring of outcomes via Florida Charts; Vital Statistics and Well Family Systems.

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	505,000	41.9%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	349,576	29.0%	No
5. Other:	349,576	29.0%	No
<b>TOTAL</b>	<b>1,204,152</b>	<b>100%</b>	

20. Is this a multi-year project requiring funding from the state for more than one year?

No